

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/533328

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			3			
5			3			
6			3			
7			1			
8			1			
9			1			
10			2			
11			2			
12			1			
13			1			
14			1			
15			1			
16			1			
17						
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20						
21						
22						
23			2			
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29			5			
30			5			
31			1			
32			1			
33			1			
34			1			
35			1			
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40			1			
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43						
44			3			
45						
46						
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48						
49						
50						
TOTAL IND.			1			
TOTAL DEP.			57			
TOTAL CLAIMS			58			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						